

EASINGTON RURAL DISTRICT



REPORT OF THE
MEDICAL OFFICER
OF HEALTH

For the Year Ending 31st December,
1948



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EASINGTON RURAL DISTRICT

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

For the Year Ending 31st December,
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Vice-Chairman—

COUNCILLOR JOHN PATRICK McMANN.

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B.Hy., D.P.H.

Senior Sanitary Inspector—R. R. SHORT, Cert.S.I.B., M.S.I.A.

Sanitary Inspector—R. E. V. WARRAND, Cert.S.I.B., M.S.I.A.,
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Sanitary Surveyor—R. R. LUMSDEN, Dip.M.Eng.

Cleansing Superintendent—W. ANGUS, M.Inst.P.C.

Water Superintendent—R. Blakey.

Thorpe Infectious Diseases Medical Superintendent :—

E. F. DAWSON-WALKER, M.D., B.S., B.Hy., D.P.H.

Matron—MISS W. EDWARDS, S.R.N., R.F.N., S.C.M.

EASINGTON RURAL DISTRICT.

REPORT

OF THE

Medical Officer of Health

FOR THE

Year ended 31st December, 1948.

EASINGTON,

CO. DURHAM,

1949.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you the Annual Report on the health and sanitary conditions of your district for the year 1948.

An account of the work of the department together with the relevant tables is given in the various sections of the report, and the final section, which relates to the work of the Sanitary Inspector's department, has been contributed by the Senior Sanitary Inspector.

It is the purpose of this introductory letter to summarise the main points of interest in the body of the report with brief comment when called for.

The year 1948 has constituted a landmark in the history of public health in that it has seen the implementation of the many and far reaching changes consequent upon the passing into law of the National Health Service Act, 1946. The provisions of this Act are now well known and it is not intended to comment further upon them beyond saying that, as the result of this Act, this Council in common with other smaller authorities has been relieved of certain of its responsibilities and no new functions have accrued to it thereby.

On 5th July, 1948 Thorpe Isolation Hospital, which was built by this authority in 1915 and administered by it since that date, was transferred to the Newcastle-upon-Tyne Regional Hospital Board. On the same day the diphtheria immunisation scheme which had been administered by the Council since 1942 was wound up and the responsibility for this work passed to the Durham County Council as the Local Health Authority. Further reference to these two changes will be made later in this letter.

VITAL STATISTICS.

These figures, which enable comparison to be made between the health of the inhabitants of the district in different years and also with the health of the country as a whole, were dealt with at some length in the report for 1947, and it is not proposed to do much more than note the variations in the different rates since last year.

Birth Rate.

The figure of 21·1 per 1,000 of the population shows a slight decline on that for 1947 which was 22·0. It is, however, higher than the rate for England and Wales as a whole (17·9) and is also above that for the 148 smaller towns (19·2).

In spite of the slight downward trend from the high figures of recent years it will be seen that in comparison with the rest of the country, the fertility of the population remains at a relatively high level.

General Death Rate.

The figure for the general death rate of 9·9 per 1,000 of the population is lower than that for 1947 which was 10·8, and compares favourably with that of 10·8 for England and Wales.

Infantile Mortality.

The infantile mortality rate is the number of children under one year of age who die out of every 1,000 live births, and is considered by some authorities to be a good indication of the general health of the district.

The rate for this area in 1948 was 43·6, a decrease of nearly 20 on the figure for 1947 which was 63·1. In spite of the marked fall the figure still compares unfavourably with that for England and Wales which attained the low level of 34. Furthermore it is above the figure for London and the large towns (39) which in general have a higher rate than the smaller towns and rural areas.

Out of a total of 77 deaths of infants under one year, 41(53·2%) occurred in the first four weeks of life, a neo-natal mortality rate of 23·8 per 1,000 live births. In 13 of these prematurity was given as the primary cause of death and in six as a contributory cause. There were 10 deaths from diarrhoea and enteritis in children under two years of age, as contrasted with 15 in 1947.

The marked decline in the infantile mortality rate as compared with 1947 is very welcome, and it is much to be hoped that the downward trend will continue, but the fact that the figure for this district is 28% higher than the national figure gives no grounds for complacency.

The three main factors which, as was mentioned in last year's report, will help to reduce infantile mortality are, an efficient ante-natal and child welfare service, an adequate standard of nutrition for mother and child, and a satisfactory standard of housing accommodation.

The first of these three factors lies within the province of the Durham County Council as the Local Health Authority, while the second is a matter of national policy. In respect of the third, namely housing, this authority has a definite responsibility. Steps are being taken to obtain more accurate information as to the general housing situation and the degree of overcrowding now existing in the area, and it is hoped that this information when available will aid in assessing the degree to which overcrowding can be held responsible as a factor in the relatively high infantile mortality rate of the district. Many of the deaths of these infants are due to respiratory diseases such as pneumonia, and to bowel infections causing diarrhoea, and in both of these diseases overcrowding and poor housing may be predisposing factors.

With regard to the last two types of illness it is necessary again to urge the need for an improved standard of mothercraft and to emphasise the many advantages of breast feeding. The number of deaths from prematurity and enteritis would also seem to call for a strengthening of the consultant paediatric service available in the district.

Maternal Mortality.

After the somewhat depressing account of infantile mortality it is gratifying to report that there were no maternal deaths in this area during 1948. The maternal mortality rate is therefore nil, in contrast to the rate for England and Wales which was 1·02 per 1,000 live births. The low rate for maternal mortality over

the last few years is in a large measure due to the introduction of new methods of treatment such as the sulphonamide drugs and penicillin, but the fact that only three cases of puerperal pyrexia were notified during the year is a tribute to the practitioners and midwives practising in the area.

The pressure on the available maternity beds to which attention has repeatedly been called in recent reports, continues, but it is understood that the Regional Hospital Board have plans in hand to provide more of this much needed accommodation by altering the role of Thorpe Hospital from that of a fever hospital to a maternity hospital.

INDIVIDUAL CAUSES OF DEATH.

When the table showing the individual causes of death is examined it will be seen that while heart disease remains at the head of the list, cancer has returned to the position of second from which it was temporarily displaced in 1947 by diseases of cerebral arteries and veins. This latter group is third on the list and is followed by pneumonia and bronchitis. Tuberculosis (all forms) and the group comprising diseases of early infancy and congenital malformations tie for fourth place.

There is little to add to what has been said in previous reports about these figures, beyond stressing the need for further research into the causation of rheumatism and cancer. Great advances have been made during recent years in the treatment of cancer in accessible sites, but much depends on early diagnosis. Any departure from normal health, particularly after middle age, is an indication to seek medical advice.

TUBERCULOSIS.

The statistics for this disease are set out and summarised in the relevant section of the report.

There was a slight decrease in the number of new cases of the pulmonary form of the disease and a marked fall in the number of notifications of the non-pulmonary form. The number of deaths from both forms of the disease was less than in 1947.

When the mortality rates of the district for both forms of the disease are compared with those for England and Wales it will be seen that once again in the pulmonary type the rate for this area is below the corresponding national figure, but for the

non-pulmonary type the comparison is still unfavourable, though less so than in 1947.

The subject of tuberculosis was discussed at some length in the report for 1947, and it is not proposed to pursue the matter further this year. The provision of adequate hospital accommodation both for the treatment of early cases and for the segregation of advanced cases still remains a most pressing need, but the problem of obtaining staff for such accommodation is unsolved. It is disturbing to know that early cases, in which there is every hope of arresting the disease, have to wait months for admission to a sanatorium, while at the same time advanced cases are perforce being nursed at home, often in an overcrowded house inhabited by young children, for lack of other accommodation.

A mass radiography unit is now operating in the county, but has not as yet visited this area.

In discussing the question of non-pulmonary tuberculosis in the last report a strong plea was made for the wider adoption of pasteurisation as a means of providing a safe milk supply. Since then the Government have brought in the Milk (Special Designations) Bill 1949 which by graduated steps will make this process compulsory for all undesignated milk sold to the public. This legislative action should ensure a marked fall in the incidence of the non-pulmonary type of tuberculosis, since it has been shown that tuberculosis of bovine origin falls in an area as the percentage of pasteurised milk consumed therein rises.

INFECTIOUS DISEASE.

The notifications of these diseases are set out in Table 8 and call for little comment. Scarlet fever was slightly more prevalent than in the previous two years but there were no deaths. Diphtheria cases on the other hand showed a marked fall, only 50 cases being notified as against 105 in 1947, and of these only 17 when admitted to hospital were found to be proved cases. For the first time on record there were no deaths from this disease among the cases notified.

Turning to the two diseases of measles and whooping cough which often tend to run concurrently it will be seen that the number of measles notifications reached the high figure of 1430 as compared with 502 in 1947 and 892 in 1946. The incidence was heavy throughout the year, starting in January in the coastal villages and gradually travelling round the whole district. In spite of the large number of cases there was only one death.

The number of cases of whooping cough notified was 311, a definite increase on the figures for 1947 and 1946 which were 96 and 79 respectively, and it is generally accepted that the number of cases of this disease notified is always well below the number actually occurring, many attacks being mild and their true nature consequently unrecognised. This disease accounted for two deaths.

While the low death rate for these two diseases is gratifying it must be remembered they are both serious infections especially when occurring in young children and should never be treated lightly. Severe attacks not infrequently leave a legacy of chronic ill health which may persist for years.

Although nine notifications of cerebro-spinal meningitis were received the diagnosis was in every case provisional and no proved cases were admitted to Thorpe Hospital. The incidence of this infection in the area is, temporarily at any rate, at a low ebb.

There was no return of the epidemic of poliomyelitis which was an outstanding feature in 1947. Only three cases were notified during the year, a number little in excess of the normal.

THORPE HOSPITAL.

As mentioned earlier in this letter, Thorpe Hospital was transferred on 5th July to the Newcastle-upon-Tyne Regional Hospital Board, but as an interim arrangement its administration was carried on by the officials of the Council, acting on an agency basis, for the remainder of the year. It has therefore been thought advisable to include the statistics for the whole year in this report.

The number of cases admitted during the year was 312, a decrease on the figures for 1947 and 1946 which were 435 and 366 respectively. Of these cases 90 were from the Seaham Urban District Authority. Particulars of the cases treated, with some brief comment, are given in the section of the report dealing with the hospital.

In the latter months of the year the erection of the huttred extensions was completed and the requisite equipment purchased but owing to difficulties connected with the electrical supply it has not yet been possible to bring them into use.

Although the total number of nursing staff was adequate, great difficulty was experienced in maintaining a satisfactory proportion of trained to untrained staff. This problem is, however shared by many other small hospitals at the present time.

It is understood to be the intention of the Regional Hospital Board to use Thorpe Hospital for maternity work, and it would seem that its days as a fever hospital are numbered. It may therefore be of interest to record one or two points in its history.

An infectious diseases hospital on the present site, consisting of four wards and staffed by a male and female attendant, was in existence from the "70's" of the last century until 1914, when the present hospital was constructed and was opened during 1915. This hospital adequately served the needs of the area until 1938, when the erection of extensive new accommodation was decided upon and reached the stage of plans being prepared. The outbreak of war, however, in 1939 prevented this project from being carried out.

In retrospect a quotation from the Annual Report of the Medical Officer of Health of the district for 1882, the earliest record available in the department, is of some interest. He writes :—

"No case of infectious disease has been admitted into your fever hospital during the year, with the exception of the case of smallpox, and I am convinced that you will not get any of the inhabitants to allow their children or relatives suffering from infectious disease (except in the case of smallpox, of which they fortunately have a wholesome dread) to be removed from their homes to any hospital, however desirable that may be from a sanitary or medical point of view."

His successor, Dr. James Arthur, writing in 1891 says :—

"The isolation provided by the infectious hospital which is more comfortable than many homes, and entirely free of cost is, I am sorry to say, still viewed with disfavour."

This Medical Officer, however, lived to see the building of the new hospital in 1915 and a steady increase in the number of patients.

The number of admissions during recent years proves that in the intervening 60 years Thorpe Hospital has largely succeeded in overcoming these prejudices and gaining the confidence of the people of the district.

During the closing years of the last century numerous small isolation hospitals were established in the county districts in the hope that prompt isolation of all cases would gradually lead to the elimination of infectious disease. This hope was not

realised, for reasons now adequately explained by recent bacteriological and epidemiological discoveries, and the emphasis changed from isolation to treatment. In this respect the smaller hospitals could not offer the same facilities as the larger, and this fact, together with the coming of rapid motor transport, made it evident that the small isolation hospital had outlived its usefulness. For some years past it has been generally accepted that only large fever hospitals can be economically maintained, and this view would appear to have been accepted by the Regional Hospital Boards.

DIPHTHERIA IMMUNISATION.

As from 5th July, 1948, the appointed day under the National Health Service Act, the duty was placed upon the Durham County Council as the Local Health Authority of making arrangements with medical practitioners for free immunisation against diphtheria for all persons in the area who desire this service, and the scheme which had been administered by this Council for the past seven years was wound up. As from that day all records passed into the hands of the Local Health Authority and it is therefore only possible to give the statistics of the work up to 4th July, while of the various tables shown in previous reports only one, table 16, is included this year.

On that date, of the estimated child population under five years of age, 39·12% had been immunised : of those between the ages of five and fourteen years inclusive 70·08% had been immunised : and the percentage of children under fifteen years who had been immunised was 58·81. A total of 15,717 children had been immunised since the inception of the scheme in 1942. The fall in both the notification figures and the death rate for diphtheria over this period is sufficient proof of the value of the work that has been carried out, but ceaseless propaganda and unremitting persuasion must be kept up if the ground so far gained is not to be lost.

SCABIES.

The number of cases attending the clinic again fell considerably and for long periods during the year the clinic was closed. The incidence of the disease in the area is now clearly much lower than in recent years, and the personal view expressed in last year's report as to the desirability of maintaining the clinic must be qualified. If some arrangement could be come to with a local hospital to provide accommodation for the occasional cases which present themselves for treatment, the clinic premises might with advantage either be used for some other purpose or disposed of.

WATER.

Routine of samples of piped water supply have been taken at various points in the district throughout the year and submitted to bacteriological examination. In the great majority of cases the report has been satisfactory. In the rare instances when an unsatisfactory report has been received the water undertaking concerned has been immediately informed and the matter remedied.

Four farms supplying milk, which had hitherto been dependent on wells for water supply, have been provided with a mains supply during the year and it is hoped that this action will be taken wherever it is a practical proposition.

During recent years an undue amount of corrosion of water fittings, with much consequent expense, has been noted in the area, and has been attributed, rightly or wrongly, to the chlorination of the supplies which became compulsory under wartime legislation. This has led to a demand from some quarters that chlorination of the supply should now cease. Permission to do this must be sought from the Ministry of Health with whom the final decision lies, but it was not felt to be a proposition to which this department could readily give its support, since the value of the process as a safeguard against water borne disease is well known. A full account of this matter, however, belongs more properly to next year's report.

SANITARY CONDITIONS OF THE AREA.

The section of the report dealing with this matter has been contributed by the Senior Sanitary Inspector, and with it is included a section dealing with matters such as housing and sewerage contributed by the Engineer and Surveyor, and one on public cleansing by the Cleansing Superintendent.

While much of the work here recounted appears at first sight to be humdrum and of little general interest, it should be realised that it is of importance, and that upon its conscientious performance the health and well-being of the population to a large extent depend.

In connection with this side of the department's work during 1948 there are three items which call for some brief comment :—

Food Hygiene :—

During the past two or three years the Ministry of Health has been perturbed by the increasing number of outbreaks of food poisoning reported. Furthermore, for each outbreak which is officially notified there are probably several smaller ones which go unreported. The growth of communal feeding in school and factory canteens is generally considered to be to some extent responsible for this increase. The Central Council for Health Education therefore decided in the autumn of 1947 to launch a campaign for improved standards of cleanliness in the handling and preparation of foodstuffs. This campaign was inaugurated by a conference in London during October 1947 which was attended by delegates from local authorities and other interested bodies, and was addressed by eminent bacteriologists and chemists.

As part of this campaign arrangements were made by the Health Committee with the Central Council for Health Education for a lecture on hygiene to be given to food handlers in this district. This lecture was given in February by a member of the staff of the Medical School, King's College, Newcastle-upon-Tyne, and 134 persons attended. It was hoped to arrange a further more advanced course of lectures for supervisory grades later in the year, but owing to certain difficulties encountered and the scattered nature of the district it has not as yet been possible to do this.

The Sanitary Inspectors also were instructed to devote special attention to the catering establishments within their districts, and propaganda leaflets were freely distributed to such establishments.

The chief hope of combating these infections seems to lie in constant propaganda and education in personal hygiene, together with careful supervision and firm discipline in food handling establishments. Improved equipment, while of assistance, will avail little if personnel themselves are careless and unclean in their habits.

Some more detailed comment by the Senior Sanitary Inspector on this subject will be found in the body of the report.

School Hygiene :—

In August, 1948, complaints were made by local members of the Easington Divisional Executive Committee of the Durham County Education Committee regarding the sanitary conditions prevailing at three schools in Horden. A personal inspection was made in company with the Senior Sanitary Inspector, with the result that the complaints were found to be fully justified.

Action was therefore taken in accordance with a memorandum issued jointly by the Ministry of Health and the Board of Education, and a notice was sent to the local education authority signed by two members of this sanitary authority, acting on the advice of the Medical Officer of Health, requiring the closing of these schools until the sanitary defects had been rectified. The closure was in force for eight weeks while the necessary work was carried out.

Crimdon Park :—

In the annual reports of this department for the four years preceding the outbreak of war in 1939 several references will be found to Crimdon Dene.

In 1935 this Council successfully promoted a local Act of Parliament which gave them, among other powers, the right to acquire certain lands compulsorily "for the purposes of a park recreation ground pleasure gardens and camping grounds." These powers were promptly used to rent the foreshore and acquire the adjoining land in the neighbourhood of Crimdon Dene, which for some time had obviously needed to be "cleaned up" both literally and metaphorically, with a view to establishing a park with recreational facilities and a camping ground.

Some progress was made with the scheme during the following three years, but it was far from completion when the war broke out and the whole of the area with the buildings on it was requisitioned by the military authorities.

With the end of the war and derequisitioning of the property recreational activities were re-started on a limited scale in the summer of 1946, but the inclement weather and other difficulties restricted their scope. It was otherwise in 1947 when long unbroken spells of fine warm weather prompted large numbers to visit the park both as day visitors and as campers.

Certain complaints began to reach this department just prior to the August Bank Holiday week-end, and an immediate inspection was made. It was at once obvious that the sanitary accommodation available was inadequate for the large number of campers, and also that improvements were urgently needed in the kitchen arrangements, particularly from the point of view of hygiene. Little could be done at the moment beyond some suggestion for dealing with the immediate difficulties, but at the end of the season a detailed report was submitted to the Parks Committee.

Foremost among the recommendations put forward was that the sanitary accommodation for the camping ground should be increased, and that the number of campers should be restricted to a level with which this accommodation could cope. The need to instal running hot and cold water in all kitchens was emphasised. These recommendations were accepted by the Committee, with the result that the problems encountered in 1947 did not recur in 1948.

The need to safeguard the health of campers, who at peak holiday periods may exceed 2,000 in number, together with day visitors running into several thousands, calls for constant watchfulness on the part of this department.

STAFF.

In May, 1948, to the regret of everyone in the department, Mr. Raine, who had been appointed Senior Sanitary Inspector in July of the previous year, was compelled to resign owing to ill health.

He was succeeded in the post by Mr. Short, who had previously been a district inspector with this Authority since 1937 and is thus well acquainted with the district and its problems.

The post of an additional sanitary inspector, which was authorised by the Council as long ago as October 1947, was filled in October by the appointment of Mr. Budd.

CONCLUSION.

The foregoing paragraphs give a brief account of the main points of interest in the work of the department during 1948. It can again be said that, taking everything into consideration, the health of the area was satisfactory. With the exception of the expected increase in measles there were no epidemics, and the incidence of infectious disease was low. The marked fall in the number of cases of both diphtheria and cerebro-spinal fever is particularly pleasing to report.

With the exception of the infantile mortality rate the vital statistics compare favourably with those for the whole of the country.

The infantile mortality rate for the year shows a marked decrease on the figure for the previous year, and is the lowest yet achieved, but the fact that it is still considerably in excess of the national figure must remain a cause for concern.

While the Council has been relieved of certain of its responsibilities in health matters during the year, it must be remembered that it still controls the environmental services and is accountable for the control of infectious disease. These matters are the fundamentals of public health, and it was by giving the population safe water supplies, efficient sanitation, improved housing and other kindred services that the pioneers of public health in the last century made the first advances against the appalling consequences of the industrial revolution, and succeeded in reducing the high mortality from infectious diseases.

Finally I wish again to express my thanks to the Council for their support, and convey to the staff of the department my deep appreciation of their help and willing co-operation throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. F. DAWSON-WALKER,

Medical Officer of Health.

SECTION I.

CONDITIONS OF THE AREA

Area (in acres)	...	...	...	...	34,653
Registrar General's estimate of resident population, year 1948	...	...	...	...	81,520
Number of Hereditaments on 31st December 1948 according to the Rate Books	...	...	...	...	23,514
Rateable Value (at 1st April 1948)	...	...	...	...	£302,109
Sum represented by Penny Rate (1947-8)	...	...	...	...	£1,157

VITAL STATISTICS.

Births :—Live Births.

	Male	Female	Total
Legitimate	833	836	1669
Illegitimate	35	18	53
	<hr/> 868	<hr/> 854	<hr/> 1722

Birth Rate per 1,000 of the estimated resident population	21.12
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Stillbirths—

Legitimate	19	14	33
Illegitimate	...	2	2
	<hr/> 21	<hr/> 14	<hr/> 35

Rate per 1,000 total births	20.32
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Infantile Mortality—

Deaths of infants under 1 year :—

Legitimate	42	32	74
Illegitimate	—	1	1
	<hr/> 42	<hr/> 33	<hr/> 75

INFANTILE MORTALITY RATES.

Death rate of all infants under one year per 1,000 live births, 43.55.

Death rate of legitimate infants under one year per 1,000 legitimate live births, 44.34.

Death rate of illegitimate infants under one year per 1,000 illegitimate live births, 18.87.

	Male	Female	Total
DEATHS—	441	368	809
Death rate per 1,000 of the estimated resident population	..	..	9.92

MATERNAL DEATHS—

Deaths from Puerperal Causes—

from Sepsis	..	..	..	Nil
from Other Causes	..	..	..	Nil
Total	..	..	..	Nil
Maternal Mortality Rate	..	..	..	Nil

TABLE 1. DEATHS—CAUSES AND AGES AT DEATH.

	All Ages	Under 1	1 to 2	3 to 5	6 to 15	16 to 25	26 to 45	46 to 65	66 to 75	76 up
Whooping Cough	2	2	—	—	1	6	12	7	2	1
Tuberculosis Respiratory	29	—	1	—	4	2	2	—	—	1
Other Tuberculosis Diseases	9	—	—	—	—	—	—	—	—	—
Influenza	1	1	—	—	—	—	—	—	—	—
Measles	1	—	—	—	—	—	—	—	—	—
Encephalitis	1	—	—	—	—	—	—	1	—	—
Cancer	125	—	—	—	—	—	5	55	41	24
Diabetes	6	—	—	—	1	—	—	2	2	1
Intracranial Vascular Lesions	95	1	—	—	2	2	4	17	34	37
Heart Disease	236	—	1	—	2	—	14	81	57	79
Other Diseases of Circulatory System	24	—	—	1	—	—	—	4	8	11
Bronchitis	47	3	—	—	—	—	2	15	20	7
Pneumonia	35	16	10	—	—	—	2	4	3	—
Other Respiratory Diseases	13	—	—	—	—	—	1	5	5	2
Ulcer of Stomach & Duodenum	6	—	—	—	—	—	1	5	—	—
Diarrhoea (under 2 years)	10	8	2	—	—	—	—	—	—	—
Appendicitis	3	—	—	—	1	1	—	1	—	—
Other Digestive Diseases	13	—	—	1	—	—	—	2	1	3
Nephritis	13	—	—	—	—	—	1	2	3	1
Premature Births	13	13	—	—	—	—	—	—	—	—
Con. malf., Birth inj., Infant dis.	25	25	—	—	—	—	2	—	2	—
Suicide	4	—	—	—	—	—	2	—	2	—
Road Traffic Accidents	8	—	—	—	1	1	2	3	1	—
Other Violent Causes	25	—	2	1	2	4	1	8	4	3
Other Deaths	65	8	1	—	3	4	9	16	10	14
Totals	809	77	17	3	15	22	58	240	193	184

TABLE 2.

Cancer

The following table gives the deaths from Cancer, in age groups, and the localisation of the disease.

			Ages in Years					Totals
			1 to 25	26 to 45	46 to 65	66 to 75	76 up	
Stomach	—	1	8	14	5	28
Breast	—	—	1	2	—	3
Prostate	—	—	1	—	2	3
Uterus	—	—	5	3	1	9
Liver	—	2	5	1	1	9
Lungs	—	1	7	3	2	13
Bowels	—	—	13	12	10	35
Other Causes	—	1	14	6	4	25
			—	5	54	41	25	125

TABLE 3.

Table of Birth and Death Rates for the Past 10 Years

Year	General Death Rate	Infantile Death Rate	Birth Rate
1939	11.4	81.2	18.9
1940	11.2	62.5	18.7
1941	11.6	73.4	19.7
1942	10.8	58.0	19.8
1943	11.3	75.3	20.6
1944	10.6	59.7	22.2
1945	11.0	54.1	21.1
1946	10.1	53.1	21.9
1947	10.8	63.1	22.0
1948	9.9	43.5	21.1

	General Death Rate	Infantile Death Rate	Birth Rate
1948			
England & Wales	10.8	34.0	17.9
Easington Rural District	9.9	43.5	21.1

TABLE 4.
Birth Rate, Death Rate and Analysis of Mortality during the Year, 1948.

	Rate per 1,000 Total population		Annual Death Rate per 1,000 Population							D'th Rate per 1,000 Live Births.		
	Live Births	Stillbirths	All Causes	Typhoid and Paratyphoid Fever	Smallpox	Tuberculosis	Pneumonia	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under 2 years)	Total Deaths (under 1 year)
England and Wales	17.9	0.42	10.8	0.00	0.00	0.51	0.41	0.02	0.00	0.03	3.3	34
Easington Rural District	21.1	0.43	9.9	0.00	0.00	0.47	0.43	0.02	0.00	0.01	5.8	43

TABLE 5.
Infantile Mortality Rates
(10 years)

Year	Births	Easington R. D. Inf. Mortality Rate	England & Wales Inf. Mortality Rate
1939	1527	81.2	50
1940	1471	62.5	55
1941	1485	73.4	59
1942	1488	57.0	49
1943	1539	75.3	49
1944	1690	59.7	46
1945	1627	54.1	46
1946	1751	53.1	43
1947	1759	63.1	41
1948	1722	43.5	34

TABLE 6.
Death Rates (10 years)

Year	Deaths	Easington R. D. Death Rate	England & Wales Death Rate
1939	924	11.4	12.1
1940	885	11.2	14.3
1941	884	11.6	12.9
1942	808	10.8	11.6
1943	850	11.3	12.1
1944	811	10.6	11.6
1945	848	11.0	11.4
1946	808	10.1	11.5
1947	862	10.8	12.0
1948	809	9.9	10.8

TABLE 7.
Natural Increase of Population

Year	Births	Deaths	Rate of Natural Increase per 1,000 population.
1939	1527	924	7.5
1940	1471	885	7.4
1941	1485	884	7.8
1942	1488	808	8.4
1943	1539	850	9.2
1944	1690	811	11.5
1945	1627	848	10.1
1946	1751	808	11.8
1947	1759	862	11.2
1948	1722	809	11.2

SUMMARY OF STATISTICS 1948.

Population	..	..	..	..	81,520
Area (acres)	..	..	..	..	34,653
Estimated number of hereditaments	..	..	..	..	23,514
Rateable Value (at 1st April, 1948)	..	..	..	..	£302,109
Sum produced by penny rate (1947-48)	..	..	..	..	£1,157
Births	..	..	..	..	1,722
Birth rate per 1,000 of the estimated resident population	..	..	..	..	21.12
Deaths	..	..	..	..	809
Death rate per 1,000 of the estimated resident population	..	..	..	..	9.92
Death rate of infants under one year of age	..	..	..	..	43.5

Chief Causes of Death.

Cause.	Number.	Percentage of total deaths.
Diseases of the heart	236	29.17
Cancer	125	15.45
Diseases of the veins and arteries of the brain	95	11.74
Bronchitis and pneumonia ..	82	10.13
Diseases of early infancy, and congenital malformations under 1 year	38	4.69
Tuberculosis (all forms) ..	38	4.69
Tuberculosis (pulmonary) ..	29	3.58

Infectious Diseases.

Disease.	Cases notified.	Number of deaths.	Death rate per 1,000 population.
Measles ..	1430	1	0.01
Scarlet Fever ..	403	—	—
Whooping Cough	311	2	0.02
Diphtheria ..	50	—	—
Erysipelas ..	26	—	—
Cerebro-spinal fever	9	—	—
Acute poliomyelitis	3	—	—
Enteric Fever	2	—	—
Tuberculosis (all forms) 113 (new cases)		38	0.47

Influenza, which is not notifiable, caused 1 death.

SECTION II.

TABLE 8.

INFECTIOUS DISEASES

NOTIFIED CASES, 1948.

DISEASE	Cases notified in whole district.										
	At all ages	Under 1	1 to 2+	3 to 4+	5 to 9+	10 to 14+	15 to 24+	25 to 34+	35 to 44+	45 to 64+	65 and over
Measles	1430	86	432	464	423	17	4	2	2	—	—
Scarlet Fever	403	2	33	59	171	95	32	6	3	2	—
Whooping Cough	311	40	118	75	75	2	—	1	—	—	—
Pneumonia	110	18	14	15	11	4	11	8	8	14	7
Diphtheria	50	1	2	6	8	11	14	2	5	1	—
Erysipelas	26	—	—	—	—	—	1	3	6	14	2
Food Poisoning	12	1	1	—	2	2	4	—	1	1	—
Cerebro-spinal Fever	9	1	1	3	3	—	—	—	1	—	—
Acute Poliomyelitis	3	—	—	—	1	1	1	—	—	—	—
Puerperal Pyrexia	3	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—
Dysentery	2	—	—	—	1	—	—	1	—	—	—
Enteric or Typhoid Fever	2	—	—	—	—	—	—	1	1	—	—
Pulmonary Tuberculosis	93	1	2	1	2	6	19	18	10	28	6
Non-Pulmonary Tuberculosis	20	—	1	2	4	3	7	2	1	—	—
TOTALS	2476	152	604	625	701	141	94	45	38	61	15

The following table shows the number of cases notified and deaths recorded from Diphtheria and Scarlet Fever during the past five years :—

TABLE 9.

Year	Diphtheria		Scarlet Fever	
	Notifications	Deaths	Notifications	Deaths
1944	131	7	126	1
1945	118	2	122	Nil
1946	139	2	132	Nil
1947	105	1	385	2
1948	50	Nil	403	Nil

TABLE 10.

OPHTHALMIA NEONATORUM

1948

CASES		
Notified	Treated	
	At Home	In Hospital
2	—	2

TABLE 11.
GEOGRAPHICAL DISTRIBUTION OF DIPHTHERIA SHOWN IN AGE GROUPS

DISTRICT	(1) Diphtheria Admissions to Thorpe Isolation Hospital during 1948.			(2) Of (1) number of children completely immunised prior to admission.			(3) Deaths from Diphtheria during 1948			(4) No Com- pletely Immun- ised child died from Diph- theria during 1948
	Ages in years			Ages in years			Ages in years			
	0—4	5—15	over 15	0—4	5—15	over 15	0—4	5—15	over 15	
BLACKHALL	—	1	—	—	—	—	—	—	—	
CASTLE EDEN	—	—	2	—	—	—	—	—	—	
EASINGTON	3	7	10	—	5	—	—	—	—	
HASWELL	1	1	—	—	—	—	—	—	—	
HORDEN	—	4	3	—	2	—	—	—	—	
MURTON	4	10	1	—	2	—	—	—	—	
SHOTTON	—	—	3	—	—	—	—	—	—	
SOUTH HETTON	1	1	1	—	1	—	—	—	—	
THORNLEY	—	—	2	—	—	—	—	—	—	
WHEATLEY HILL	1	—	2	—	—	—	—	—	—	
Totals	10	24	24	—	10	—	—	—	—	

TABLE 12.

CASES OF DIPHTHERIA NOTIFIED EACH MONTH DURING 1948

Locality	Jan.	Feb.	Mar.	April	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Blackhall	—	—	—	—	—	1	—	—	—	—	—	—	1
Castle Eden	—	1	—	—	—	—	—	—	1	—	—	—	2
Easington	1	1	1	1	2	4	2	3	—	—	2	—	17
Haswell	—	—	—	—	—	—	—	—	—	—	—	1	1
Horden	3	—	—	1	1	1	—	—	—	—	—	—	6
Murton	3	1	2	—	2	—	2	—	3	—	—	—	13
Shotton	—	—	—	—	1	—	—	—	2	—	—	—	3
South Hetton	—	—	—	—	1	—	—	—	1	1	—	—	3
Thornley	—	—	—	—	—	—	—	—	1	—	—	1	1
Wheatley Hill	1	—	—	—	—	1	—	—	—	—	—	—	3
Totals	8	3	3	2	7	7	4	3	7	1	2	3	50

INFECTIOUS DISEASES.

The main points of interest in the foregoing tables can be briefly summarised as follows :—

The number of scarlet fever notifications showed a slight increase on the previous year. There were 403 notified cases of this disease in 1948 as compared with 385 in 1947 and 132 in 1946.

The incidence of this disease was greatest during the first seven months of the year, with a marked decline in the autumn.

There was a marked fall in the diphtheria notifications which numbered 50 as contrasted with 105 in 1947 and 139 in 1946.

The number of cases of measles showed an increase, 1430 being notified as against 502 in 1947 and 892 in 1946. This disease was prevalent throughout the year, the incidence being heaviest in January, August and December.

Cases of erysipelas numbered 26, an increase of 2 on the figure for last year.

The number of cases notified as suffering from cerebro-spinal meningitis was 9 as opposed to 24 in 1947 and 28 in 1946. As the notifications of this disease are in many cases tentative it has been customary to take the number of proved cases admitted to Thorpe Hospital as giving a truer indication of the incidence of the disease in the district during the year under review. The fact that no true cases were admitted to this hospital during 1948, shows that temporarily at any rate, the incidence has fallen to a very low level. Ten proved cases were admitted to hospital in 1947.

Three cases of acute anterior poliomyelitis were notified as against 37 cases in 1947. Of these three cases only two were subsequently confirmed.

There were three cases of puerperal pyrexia as contrasted with five in 1947 and six in 1946.

Notifications of pulmonary tuberculosis numbered 93, a decrease of 3 on the figure for 1947 and 11 more than that for 1946.

One outbreak of food poisoning occurred during the year. It was limited to one family which consisted of father, mother and eleven children whose ages ranged from 25 years to eight months. *S. typhi-murium* was isolated from the stools of every member of the family with the exception of a boy of four. The attack in each case was comparatively mild, and after making good recoveries, all were found to have cleared themselves of the infection.

SECTION III.

THORPE HOSPITAL.

The admissions to the hospital during the year numbered 312, as contrasted with 435 in 1947 and 366 in 1946. Of these 90 were from the Seaham Urban District authority.

The distribution of these cases under their corrected diagnoses and according to their month of admission is shown in Table 13, which also shows the number of deaths due to the different diseases.

Table 14 sets out the final diagnoses under the same classification, while Table 15 indicates the place of origin of the cases under the headings of the various parishes.

SCARLET FEVER :—

Seventy-nine cases of scarlet fever were admitted during the year, a decrease of 68 on the figure for 1947. Of these admissions 42 were from the Easington R.D.C. area and 37 from the Seaham U.D. area. The total number of notifications in the Easington area was 403, and the proportion of notified cases of this disease admitted to hospital was 10%, a decrease of 20% on the corresponding figure for 1947.

The policy of restricting the admission of scarlet fever, which was referred to at some length in last year's report, has been continued, and would seem to be justified. There was no overcrowding of the limited accommodation which can be allocated for cases of this disease, and the complication rate among those admitted was accordingly low. The increase in the notification figure shows that the disease has been relatively prevalent during the year and it would seem that the majority of cases have been of a mild type and have been satisfactorily nursed at home. At the same time it should be remembered that admission can be arranged for any case of such severity as to require special treatment and nursing, or where other circumstances may make home nursing undesirable.

Scarlet fever antitoxin and penicillin now allow of a quicker "turn over" of these cases than was previously possible.

There were no deaths from this disease during the year.

TABLE 13

THORPE ISOLATION HOSPITAL

Admissions and Deaths, 1948.

DISEASE	ADMISSIONS													DEATHS												
	January	February	March	April	May	June	July	August	September	October	November	December	Totals	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Scarlet Fever	4	9	8	6	11	8	10	6	5	5	4	3	79	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	3	—	2	—	3	—	3	5	5	—	4	—	25	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria Carrier	—	—	—	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Group of Fevers	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	1	7	—	1	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	4	3	1	1	—	—	1	—	—	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—
Rubella	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pertussis	1	1	3	3	1	1	1	3	1	1	—	3	19	—	—	—	—	—	—	1	—	—	—	—	—	1
Epidemic Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other forms of Meningitis	—	1	—	—	1	—	1	1	—	—	1	—	5	—	1	—	—	—	—	1	—	—	1	—	—	3
Poliomyelitis	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	8	2	3	3	1	1	4	—	2	1	4	4	33	1	—	—	1	—	—	—	—	—	1	1	—	4
Bronchitis	1	—	1	—	1	1	2	—	—	1	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	—	1	—	—	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	1	—	—	2	2	—	1	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin and Septic Conditions	1	—	—	2	1	—	—	—	1	1	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	1	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsillitis	5	5	—	3	6	9	3	2	5	5	3	4	50	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastro-intestinal Diseases	—	1	—	—	5	2	4	2	4	—	2	1	21	—	—	—	—	1	—	—	1	—	—	1	—	3
Vincent's Angina	1	2	3	1	—	1	—	—	1	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infectious Diseases	—	3	—	—	—	—	—	1	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—
General Diseases	2	1	1	—	1	—	—	—	—	1	1	—	7	—	—	—	—	—	—	—	—	—	1	—	—	1
Injuries	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Unclassified	—	—	—	1	1	1	2	1	1	2	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	30	29	22	22	42	27	34	23	27	18	20	18	312	1	1	—	1	1	—	1	1	1	—	3	2	12



TABLE 14

THORPE ISOLATION HOSPITAL Diseases Admitted—1948.

PROVED TO BE:																																												
SENT IN AS :—														Number	Scarlet Fever	Diphtheria	Diphtheria Carrier	Enteric Group of Fevers	Dysentery	Measles	Rubella	Pertussis	Epidemic Cerebro-Spinal Meningitis	Other Forms of Meningitis	Poliomyelitis	Polio-Encephalitis	Pneumonia	Bronchitis	Other Respiratory Diseases	Erysipelas	Skin and Septic Conditions	Puerperal Pyrexia	Tonsillitis	Gastro-Intestinal Diseases	Vincent's Angina	Chicken Pox	Other Infectious Diseases	General Diseases	Injuries	Unclassified				
Scarlet Fever														81	74	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	3	—	1	—	—	—	1	—	—	—	
Diphtheria														86	4	25	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	45	1	8	—	—	—	—	—	—		
Diphtheria Carrier														1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Group of Fevers														2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Dysentery														10	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Measles														12	—	—	—	—	—	10	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Rubella														—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pertussis														13	—	—	—	—	—	—	—	12	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epidemic Cerebro-Spinal Meningitis														21	—	—	—	—	—	—	—	2	—	—	—	—	6	1	—	—	—	—	—	2	1	—	—	—	2	—	—	4	—	
Other forms of Meningitis														2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis														3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Polioencephalitis														—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia														38	—	—	—	—	—	—	—	4	—	—	—	—	26	5	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	
Bronchitis														—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Respiratory Diseases														1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas														6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin and Septic Conditions														2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia														2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Tonsillitis														6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	2	1	1	—	—	1	—	—	—	
Gastro-Intestinal Diseases														18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	—	—	—	—	—	—	—	1	2	
Vincent's Angina														1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox														1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Other Infectious Diseases														3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—
General Diseases														—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injuries														—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unclassified														3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—
TOTALS														312	79	25	2	1	9	10	1	19	—	5	2	—	33	8	3	6	6	2	50	21	9	—	4	7	1	9	—	—	—	—



TABLE 15

THORPE ISOLATION HOSPITAL

Admissions under Parishes.

DISEASE.	Blackhall	Burdon	Castle Eden	Easington	Haswell	Hesleden	Horden	Hutton Henry	Murton	Shotton	South Hetton	Station Town	Thornley	Trimdon Station	Wheatley Hill	Wingate		Durham R.D.C.	Seaham		TOTALS
Scarlet Fever	2	—	—	4	2	2	7	—	4	5	10	—	1	—	1	4		—	37		79
Diphtheria	—	—	—	3	1	—	2	—	10	1	—	—	—	—	—	—		—	8		25
Diphtheria Carrier	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—		—	1		2
Enteric Group of Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—		—	—		1
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—		—	7		9
Measles	2	—	—	5	1	—	1	—	—	—	—	—	—	—	—	—		—	1		10
Rubella	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—		—	—		1
Pertussis	1	—	—	4	1	2	6	—	—	1	—	—	—	—	—	—		—	4		19
Epidemic Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—		—
Other forms of Meningitis	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—		—	2		5
Poliomyelitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—		—	—		2
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—		—
Pneumonia	1	—	—	2	2	—	14	—	2	6	3	1	—	—	—	1		—	1		33
Bronchitis	—	—	—	3	—	—	1	—	1	2	1	—	—	—	—	—		—	—		8
Other Respiratory Diseases	—	—	—	1	—	—	—	—	1	—	1	—	—	—	—	—		—	—		3
Erysipelas	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—		—	3		6
Skin and Septic Conditions	—	—	—	1	—	—	—	—	2	1	—	—	—	—	—	—		—	2		6
Puerperal Pyrexia	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1		—	—		2
Tonsillitis	2	—	1	12	2	—	5	—	4	2	3	—	2	1	2	—		—	14		50
Gastro-intestinal Diseases	2	—	—	4	1	—	7	—	1	3	—	—	—	—	—	—		—	3		21
Vincent's Angina	—	—	—	3	—	—	—	—	1	—	1	—	—	—	1	—		—	3		9
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—		—
Other Infectious Diseases	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—	—		—	—		4
General Diseases	1	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—		—	2		7
Injuries	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—		—	—		1
Unclassified	1	—	—	1	—	—	2	—	1	2	—	—	—	—	—	—		—	2		9
TOTALS	14	—	1	51	11	4	47	—	29	25	21	1	5	2	5	6		—	90		312

DIPHTHERIA :—

There was a further decline in the number of proved cases of diphtheria admitted, which numbered 25 as contrasted with 49 in 1947 and 83 in 1946. Of these 25 cases 8 were from the Seaham Urban District. The various types of diphtheria are shown in the following table :—

Types	Cases	Deaths
Nasopharyngeal ..	9	—
Faucial	12	—
Laryngeal	1	—
Others	3	—
Total	25	—

There were again no fatal cases of this disease during the year.

The following table sets out the incidence of the various types in age groups :—

	0—1	1—2	2—5	5—10	10—15	15—25	25—45	over 45	Total
Nasopharyn- geal ..	—	—	1	5	3	—	—	—	9
Faucial ..	1	—	1	3	5	1	1	—	12
Laryngeal	1	—	—	—	—	—	—	—	1
Others ..	1	—	—	1	1	—	—	—	3
Total ..	3	—	2	9	9	1	1	—	25

Two diphtheria carriers were admitted during the year.

MENINGOCOCCAL MENINGITIS :—

There were no proved cases of this disease admitted during the year.

ENTERIC FEVER :—

One case of typhoid fever was admitted during the year. This patient, after a protracted illness, made a good recovery but exhaustive enquiries failed to elicit the source of his infection.

DYSENTERY :—

Nine cases of dysentery were admitted during the year. With one exception all these cases occurred in children and were due to an infection with the Flexner type of the organism. Four cases occurred in one family and two in another family, all being admitted from the Seaham area. Two other cases were admitted from the Sunderland Children's Hospital, one coming from the Thornley area and one from Seaham. The remaining case, an adult, was diagnosed on clinical signs, as owing to treatment before admission it was not possible to isolate the causal organism.

POLIOMYELITIS :—

In contrast with the epidemic of last year only two cases of this disease were admitted during the year.

The first, a girl of five, was on holiday in the district, and as she was stated to have been poorly on the journey north it seems clear that she acquired the infection at her home in the London area. The attack was mild and in due course she was transferred to Cherry Knowle Hospital for further orthopaedic treatment.

The second case, a youth of 18 years, was also of a mild type and made a good recovery.

GASTRO-ENTERITIS :—

Fourteen cases of gastro-enteritis in infants under one year of age were admitted during the year. Two of these died, one within 24 hours of admission.

NURSING STAFF :—

The satisfactory increase in the number of trained staff which had been achieved in 1947 was, unfortunately, not maintained during the past year.

The difficulty of obtaining qualified nurses for ward work in small hospitals remains as great as ever, and places a great responsibility on those persons answerable for the efficient treatment

of the patients. Enrolled nurses and young assistant nurses were more easily obtainable and the total nursing establishment was fairly well maintained.

MALE STAFF :—

An additional assistant gardener was appointed during the year.

STRUCTURE AND FURNISHINGS :—

The erection of the four huts obtained to provide improved accommodation for the staff was completed during the year, and the necessary furnishings tendered for and purchased. Difficulties in connection with the electricity supply, however, prevented them from being brought into immediate use.

LABORATORY WORK :—

For the greater portion of the year the previous arrangement with the County Council whereby the majority of specimens were sent to the Joint Committee's Public Health Laboratory in Newcastle was continued. During the latter months, and following upon the changes in the bacteriological services after the coming into force of the National Health Service Act in July, it was found more convenient to send specimens to the pathological department of the Sunderland Royal Infirmary.

The small laboratory established at the hospital is used for the examination of urgent specimens.

SECTION IV.

DIPHTHERIA IMMUNISATION.

On 5th July, 1948, the appointed day under the National Health Service Act, the responsibility for the immunisation of children was transferred to the Local Health Authority, namely the Durham County Council, and the scheme which had been administered by this Rural District Council since 1942 was terminated.

As a result of this transfer the records available to this department cover only the first six months of the year, and it is not possible to present the statistics for the whole year in the form in which they have been set out in the past few years.

A brief summary of the work carried out prior to 5th July is given in the relevant column of Table 16. From this table it will be seen that on 4th July, 39·12% of the child population under five years of age had been immunised, while of those between the ages of five and fourteen years inclusive 70·08% had been immunised. The percentage of children under fifteen years who had been immunised was 58·81.

From the inception of the scheme in 1942 a total of 15,717 children had been fully immunised.

TABLE 16.

Table of Diphtheria Inoculations

Age at date of inoculation	1942	1943	1944	1945	1946	1947	Figures up to 4th July, 1948	Ratio of inoculated to total population at the 4th July, 1948.
Under 1 year	18	84	110	26	28	47	—	Total under 5 years of age 3023, being 39.12% of the population of this age.
1+	440	393	571	495	493	569	412	
2+	306	154	331	93	347	212	168	
3+	442	183	211	33	83	51	48	
4+	489	189	220	34	44	19	17	
5+	495	132	167	43	32	31	12	Total 5-14 years of age 9464, being 70.08% of the population of this age.
6+	497	361	152	46	22	18	18	
7+	514	270	142	49	18	10	6	
8+	900	323	174	27	22	12	6	
9+	768	132	165	16	13	11	6	
10+	769	123	167	19	20	10	2	
11+	226	172	152	31	10	4	1	
12+	98	298	123	7	9	3	2	
13+	43	126	89	—	3	4	1	
14+	9	97	38	23	1	4	2	
15+	—	55	4	1	1	—	—	
Total	6014	3092	2816	943	1146	1005	701	



SECTION V.

TUBERCULOSIS

TABLE 17.

Number of Cases on Register at 31st December, 1948.

PULMONARY.			NON-PULMONARY.			TOTAL CASES
Male	Female	Total	Male	Female	Total	
254	206	460	193	176	369	829

TABLE 18.

New Cases and Mortality, 1948.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1	—	1	—	—	—	—	—	—
1 to 2 +	1	1	1	—	—	—	—	1
3 to 4 +	1	—	1	1	—	—	—	—
5 to 9 +	2	—	3	1	—	—	1	1
10 to 14 +	2	4	1	2	—	—	1	—
15 to 24 +	5	14	3	4	3	4	2	1
25 to 34 +	7	11	1	1	4	6	1	—
35 to 44 +	6	4	1	—	1	1	1	—
45 to 64 +	21	7	—	—	4	3	—	—
65 and upwards	6	—	—	—	3	—	—	—
	51	42	11	9	15	14	6	3

BACTERIOLOGICAL EXAMINATIONS DURING 1948.

	Total	Positive	Negative
Phthisis	403	47	356

TABLE 19.

COMPARATIVE TUBERCULOSIS STATISTICS FOR RECENT YEARS.

YEAR	NEW CASES				DEATHS				No. ON REGISTER AT END OF YEAR			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1939	42	24	66	40	34	74	18	17	35	10	2	12
1940	33	17	50	19	34	53	27	16	43	4	3	7
1941	24	22	46	28	29	57	21	13	34	6	2	8
1942	38	35	73	41	36	77	18	10	28	6	3	9
1943	29	30	59	18	28	46	20	17	37	8	4	12
1944	32	37	69	22	29	51	13	10	23	5	7	12
1945	29	29	58	26	27	53	17	18	35	5	4	9
1946	47	35	82	21	19	40	18	6	24	7	3	10
1947	59	37	96	21	18	39	13	20	33	9	6	15
1948	51	42	93	11	9	20	15	14	29	6	3	9
										254	206	460
										193	176	369

TABLE 20.

Deaths from Pulmonary Tuberculosis between the ages of 15 and 25 years, during the past 10 years.

Year	Male	Female	Total	Percentage of Total Pulmonary Deaths
1939	1	4	5	17%
1940	7	6	13	30%
1941	5	4	9	27%
1942	6	9	15	54%
1943	9	7	16	43%
1944	1	4	5	21%
1945	3	8	11	31%
1946	3	3	6	25%
1947	5	11	16	48%
1948	3	4	7	24%

TABLE 21.

The following Table shows the number of deaths from Tuberculosis (all ages) during the past five years—the figures in parenthesis indicating deaths occurring in previously notified cases of Tuberculosis.

YEAR	PULMONARY			NON-PULMONARY		
	Male	Female	Total	Male	Female	Total
1944	13 (9)	10 (7)	23 (16)	5 (—)	7 (1)	12 (1)
1945	17 (13)	18 (13)	35 (26)	5 (3)	4 (3)	9 (6)
1946	18 (16)	6 (6)	24 (22)	7 (4)	3 (2)	10 (6)
1947	13 (9)	20 (20)	33 (29)	9 (7)	6 (5)	15 (12)
1948	15 (15)	14 (13)	29 (28)	6 (2)	3 (2)	9 (4)
Total	76 (62)	68 (59)	144 (121)	32 (16)	23 (13)	55 (29)

TUBERCULOSIS.

The main points of interest in the foregoing tables can be summarised as follows :—

Ninety-three new cases of the pulmonary form of the disease were notified during the year, 51 of whom were males and 42 females. This was a decrease of 3 upon the figure for 1947 which was 96, made up of 59 males and 37 females.

New notifications of the non-pulmonary form of the disease numbered 20 a decrease of 19 from the number for 1947.

The deaths from the pulmonary form of the disease showed a decrease from 33 in 1947 to 29, while in the non-pulmonary form the number of deaths was 9 as against 15 in 1947.

The number of new cases among females in the 15 to 35 age group formed 58·8% of all new female cases.

The mortality rate for the district for the respiratory form of the disease in 1948 was 0·356 per thousand of the population, which is less than the figure of 0·44 per thousand for England and Wales as a whole. On the other hand the mortality rate for the district in the non-pulmonary type of the disease, which was 0·11 per thousand, compares unfavourably with the national rate for 1948 of 0·067 per thousand.

SECTION VI.

SCABIES.

The clinic for the treatment of scabies has been maintained at Horden throughout the year, but the very marked decline in the incidence of this disease in the district has resulted in the clinic being closed for periods of several weeks at a time.

Statistics of the work carried out under the scheme during the year, with the corresponding figures for 1947 shown in brackets, are as follows :—

No. of patients attending for examination	..	45	(96)
No. of patients attending found to be suffering from scabies	.. .. .	42	(79)
No. of patients treated for scabies and cleared of the disease	.. .. .	37	(88)

SECTION VII.

SANITARY CIRCUMSTANCES OF THE AREA.

REPORT OF THE SENIOR SANITARY INSPECTOR.

To the Medical Officer of Health.

Sir,

I have pleasure in submitting a report on the work undertaken by my section of the Department during the year 1948.

Inevitably much of the time has been expended and in my opinion rightly so on housing inspections, both for the purposes of correcting disrepair in the event of complaint, and otherwise for general classification in order to determine future housing requirements and on the routine investigation and abatement of public health nuisances. Such work monotonous and unspectacular as it must of necessity be contributes in no small measure to the general well-being of the community.

Statutory duties under the various Acts and Orders made thereunder have received proper attention as will be observed in the body of the report with perhaps noteworthy emphasis on the hygienic aspects of food preparation, storage and distribution.

Problems of staff shortage were largely resolved by the appointment in February of Mr. T. J. Richards and during the following month of Mr. G. Stoddart, both from the Health Department of Sunderland Borough Council. Mr. H. E. Raine, Senior Inspector, was unfortunately obliged to resign his position during the year on health grounds. He was an officer of considerable experience in public health and housing matters and his departure, like that of his predecessor, was a serious loss to the department. The appointment of Mr. P. E. Budd, also of Sunderland Borough Council, later in the year, completed the changes in the Inspectorate during the year.

WATER SUPPLY.

Water undertakings supplying the area are :—

Sunderland and South Shields Water Company.

Horden Collieries Limited.

Wingate and District Water Company.

Wheatley Hill Colliery.

Easington Rural District Council.

All public water supplies in the district are chlorinated at the source and samples were therefore taken after such treatment.

Four samples of water were sent for chemical analysis to the County Analyst and the results of all were satisfactory. Thirty-seven samples of public mains supply and eight samples of spring and well water were taken and submitted for bacteriological examination at the Public Health Laboratory, Newcastle-upon-Tyne. All mains water samples with one exception were of a high degree of bacteriological purity. In the case of the exception although the high plate count was suggestive of some organic adulteration the presumptive coliform count was satisfactory. A check sample taken on the receipt of the bacteriologist's report proved to be satisfactory.

Spring water sample results were satisfactory and check sample results from one well supply following repairs to well lining and surface surround showed considerable improvement although the plate count remained rather high.

A typical chemical analysis and bacteriological examination of a mains supply in the area is as follows :—

CHEMICAL ANALYSIS				PARTS PER 100,000
Total Solids	..	..	..	52.4
Chlorine as Chlorides	..	..	..	5.47
Chlorine expressed as Sodium Chloride	..	..	..	9.03
Nitrogen as Nitrates	..	..	..	0.12
Nitrogen as Nitrites	..	..	..	Nil.
Free Ammonia	..	..	..	Nil.
Albuminoid Ammonia	..	..	..	0.0015
Alkalinity	..	..	..	28.67
Total Hardness (Degrees)	..	..	..	25.2
Colour (Hazen degrees)	..	..	..	less than 5
Suspended matter	..	..	..	Nil.
Iron	..	..	..	Nil.

BACTERIOLOGICAL EXAMINATION.

Organisms visible on agar after 48 hours incubation at 37 °C.	..	2 per ml.
Coliform Organism	1 ml. 10 ml. 100 ml.	
	Nil. Nil. Nil.	

With regard to the plumbo-solvent action, no evidence has ever been found that this is present in any water used in this district, probably owing to the fact that all the water without exception, is from magnesium limestone and has a permanent and temporary hardness of 25—30°.

Particulars of the number of dwelling houses and the number of the population supplied from public water mains (a) direct to houses (b) by means of standpipes, are given in the following table.

LOCALITY	1	2	3	4	5	6
	Estimated population	Area in acres	Number of houses and other premises with dwelling ac'm'dat'n	No. of Houses with mains supply direct to houses	No. of Houses with mains supply from stand pipes	No. of Houses without mains supply
Burdon ..	112	1286	24			
Seaton with Slingley ..	340	1392	127	166	—	—
Warden Law ..	69	500	15			
Castle Eden ..	426	1542	135	129	—	6
Cold Hesledon ..	1345	1030	287			
Dalton-le-Dale ..	410	811	241	437	91	—
Easington with Thorpe	12278	3716	3036	3033	—	3
Haswell	3107				22	—
South Hetton ..	3768	3766	1781	1571	182	6
Hutton Henry ..	619		160		20	
Station Town ..	2686	2016	657	724	70	3
Hawthorn ..	272	1414	134	132	—	2
Blackhall ..	6035		1957		—	
Hesledens ..	1481	2654	479	2390	46	—
Murton East ..	9634	1406	2691	2132	557	2
Sheraton with Hulam	150	2346	41	9	—	32
Nesbit	8	333	2	2	—	—
Shotton	6623	2270	1860		11	
Horden	13523	2453	3999	5842	—	6
Thornley ..	4707	1148	1281	1261	20	—
Wingate	4671		1205		2	
Wheatley Hill ..	7218	4570	1669	3455	14	9
Trimdon ..	2038		607		1	
TOTALS ..	81520	34653	22388	21283	1036	69

PUBLIC CLEANSING.

(Contributed by the Cleansing Superintendent).

The collection and disposal of refuse, etc., is carried out by the Cleansing Department for the whole of the rural area, which service has been in operation as a central department since October, 1932.

During the year 1948, the refuse vehicles used for cleansing work generally in the rural area are ten Morris Refuse Collectors, four S. & D. Freighters and two Karrier Bantams, which are engaged full time; in addition there are twelve horsedrawn vehicles. All vehicles for cleansing are provided with iron sliding covers which are not only a protection against the spilling of the refuse, but are also a prevention against any dust nuisance.

It is the intention of the Council that the collection of all refuse will be carried out by motor refuse collectors as and when such vehicles can be purchased.

The disposal of all refuse (except a small quantity supplied to farmers and allotments) is semi-controlled, this being done in layers as far as possible which is an additional precaution against fire occurring.

Since the end of April, 1940 to date, the Cleansing Department has been responsible for the salvage of paper, metals, rags and bones, etc., and records prove that by the amounts disposed of the collection of salvage has been successful. The work of salvage is still being carried out except that apart from paper and metals, the quantities of rags and bottles are nearly negligible.

The following table shows the principle nuisances dealt with :—

PUBLIC HEALTH ACTS.

Nature of Nuisance	No. of Visits	Notices Served		Nuisances Abated
		Informal	Formal	
Foul Conditions	103	30	—	15
Structural Defects	257	85	—	69
Ashpits & Privies	10	3	—	3
Deposits of Refuse and Manure	56	16	—	15
Waterclosets	98	15	—	12
Defective Yard Paving	25	4	—	1
House Drainage—				
Defective Traps	51	3	—	6
Other Faults	141	33	—	7
Water Supply (Defective Fittings)	43	8	—	4
Animals improperly kept	26	4	—	2
Smoke Nuisances	34	7	—	4
Other Nuisances	65	10	—	7
Rat Infested Premises	47	2	—	1
Dustbins	84	31	3	40
Public Halls & Cinemas	57	—	—	—
Licensed Premises	78	6	—	6
Verminous Premises—				
Council Houses	34	3	—	3
Private Houses	6	1	—	1
Infectious Diseases				
Enquiries	727	—	—	—
Infectious Diseases				
Disinfections	558	—	—	—
Tents, Vans & Sheds	36	—	—	—
	2536	261	3	196

SCHOOLS.

Schools in the district have been inspected in connection with closet accommodation and washing facilities and although no closure of school premises as a result of actual outbreaks of infectious disease occurred it was found necessary in one instance to adopt the extreme measure of recommending closure because of the deplorable condition of sanitary arrangements.

The joint departments involved included the Modern Girls, County Junior Girls, Infant Girls and Infant Boys' schools, Horden. Sanitary facilities had for a considerable time been inadequate in number and defective in condition and long awaited improvements which had been confidently anticipated during the long summer vacation failed to materialise. Sanitary accommodation for all girls consisted of obsolete short hopper type fittings, invariably badly stained, with obstructed outlets and in the majority of cases defective cone and rim joints. Some were cracked and leaking: others were holed and broken. Partial obstruction of the drainage system resulted in heavy flooding of compartments and intersecting gangways by material which during school term would consist of crude sewerage. These lavatories it must be remembered were the only facilities available for approximately 1,060 young girls aged between 5 and 15 years. Such revolting conditions could not be tolerated and closure of the schools was duly required.

Effective drainage repairs and wholesale replacements of obsolete fittings by modern type pedestal basins were speedily undertaken and the schools re-opened after an interval of approximately six weeks.

SMOKE ABATEMENT.

Principal agents of atmospheric pollution in the district remain unchanged in number and condition—domestic chimneys, colliery workings and spoilbanks and little fresh comment can be made on the subject. The tremendous possibilities of improvement consequent on the introduction and extended use of improved firegrates and smokeless fuel in housing, improvements in fittings and stoking methods in industrial premises and boilers, installation of more efficient separators and washing plants and the ultimate planned disposal of colliery refuse are all well known. It is unfortunately equally obvious in these times of acute economic strain that such desirable measures must be regarded as long term objectives.

A national survey of the sources and incidence of atmospheric pollution was conducted under the auspices of the National Smoke Abatement Society during the year under review. Part I of the survey was intended to indicate the sources and incidence of pollution in general terms whilst Part II showed pollution from particular fuels and other sources. Full co-operation was given by this department in the preparation of a statement on the position in this district.

Periodic visits to all collieries in the area were made jointly with the Area Inspector of Alkali &c. Works of the Ministry of

Health for the purpose of maintaining some measure of supervision and control of spoilbanks. The usual method of reducing fire nuisance by spraying tip faces was extended with some success but any advantage gained in this respect tends to be neutralised by the higher combustible content of waste material and the loose conical tip method of disposal adopted.

Meetings and correspondence with representatives of the National Coal Board confirmed the view that no radical changes in the methods of waste disposal were contemplated, although it was intimated that in certain cases assistance may be forthcoming in covering the tips with soil and planting trees, provided the Board is not involved in additional expense. I remain unconvinced that any such expense will be worth while or that spoilbanks under any such camouflage would be appreciably less ugly.

MOVEABLE DWELLINGS.

An application for a licence under the provisions of the Easington Rural District Council Act, 1935 to occupy a modern type trailer caravan on a site at South Hetton was received and granted subject to certain conditions.

A disturbing feature during the year was the persistence of unauthorised camping near the main entrance to the local authority's park and foreshore at Crimdon. Hopes originally entertained of more successful control by means of recent Town and Country Planning measures were not fulfilled and it once more became apparent that control is substantially restricted to sanitary conditions. In this respect little fault could be found with the conduct and maintenance of the camping ground in question.

VERMINOUS PREMISES.

Fifty-one Council houses and twelve private houses were disinfested for the presence of bed bugs. Accounts are rendered in the case of private dwellings for time and materials expended.

Measures were taken and advice and assistance given in 93 cases of infestation of houses by cockroaches.

DISINFECTION OF PREMISES.

727 visits and re-visits were made to houses during the year in respect of infectious disease enquiries and disinfection purposes. The following table shews the number of disinfections carried out during the year.

Scarlet Fever	..	..	409
Diphtheria	..	..	57
Meningitis	..	..	17
Erysipelas	..	..	—
Chicken Pox	..	..	—
Tuberculosis	..	..	68
Cancer	..	..	2
Diarrhoea	..	..	—
Bronchitis (Acute)	..	..	—
Paratyphoid	..	..	1
Measles	..	..	—
Poliomyelitis	..	..	3
Typhoid	..	..	—
Dysentery	..	..	1
Total	..	..	558

LICENSED PREMISES, CLUBS, ETC.

- 78 inspections of licensed premises and clubs.
- 3 informal notices were served on occupiers.
- 3 outstanding notices were complied with.

CINEMAS AND PUBLIC HALLS.

- 57 inspections were made in respect of heating, lighting ventilation and sanitary accommodation.
- 6 informal notices were served.
- 5 notices were complied with.

RODENT CONTROL.

Previous grant-aid arrangements were superseded during the year by the terms of Ministry of Agriculture Circular 19. Enumerated conditions were already in operation in the district and full advantage was taken of the Ministry's offer.

Maintenance treatment of all sewers was continued. Each sewer section received treatment twice during the course of the year, this being given as far as practicable at six-monthly intervals. Methods of operation recommended by the Ministry do not include recording of poison takes and any estimated destruction of the rodent population must of necessity be subject to a wide margin of error and be consequently unreliable. This figure has therefore been replaced by more accurate reference to complete and part-takes of pre-bait.

The general improvement previously observed by the Rodent Officer in the degree of infestation of Council tips was maintained during the year. Treatment at regular intervals was continued.

Frequent reports of rodent infestations of private dwelling houses and immediate vicinities were received throughout the year and gave added proof of the general value of free treatment of this class of property.

Probably the most important consideration of this work is recognition of the fact that the rodent population since the inception of the service has, overall, been so much reduced. This observation is supported by comparison of successive results of sewer and surface maintenance treatments with those of initial treatments rather than any feeling of satisfaction at successful extermination in particular instances. There is no doubt that discontinuance of this work for any period would quickly result in a marked increase in the rat population with its inevitable attendant evils.

A review of sewer maintenance and details of treatment of surface infestations are shown in table form.

SEWERS.

	No. of Manholes baited	No. of Manholes baited showing part takes of pre-bait	No. of Manholes baited showing complete takes of pre-bait	Approximate Cost	Recoverable by Grant	Nett Cost to Council
Maintenance Treatment ..	4421	726	407	£503 6 2	£251 13 1	£251 13 1

LANDS AND PREMISES.

	Number dealt with	Degree of Infestation	No. of Baiting Points	Estimated No. of Rats Destroyed	Approximate Cost	Recovered from Occupier or Min. of Food	Nett cost to Council
Council Tips ..	16	11 major 5 minor	268 20	268 40	£47 6 2	£23 13 1	£23 13 1
Council Sewage Works ..	1	1 minor	10	19	12 9	6 4	6 4
Council—Other properties	11	11 minor	44	27	£23 14 4	£11 17 2	£11 17 2
Business Premises ..	7	4 major 3 minor	301 12	238 22	£60 10 1	£60 10 1	Nil
Private Dwellings ..	48	48 minor	244	255	£69 2 5	£34 11 3	£34 11 3
Total ..	83	15 major 68 minor	899	869	£201 5 9	£130 17 11	£70 7 10

HOUSING, SEWERAGE AND WATER SUPPLY.

(Contributed by the Engineer & Surveyor)

1. HOUSING.

The construction of new houses in the District continued generally satisfactorily during 1948, and the year saw a slow but gradual improvement in the Building Materials and Labour Supply positions.

The District maintained its clear-cut lead in housing progress, as revealed by the Ministry of Health progress returns, and at the end of 1948 had completed 713 during the year. This total included 211 permanent traditional houses, 244 permanent prefabricated houses and 258 miners' aluminium permanent bungalows. The total number of houses completed since the end of the war was 1275, and the total number of houses owned by the Council became 5,898.

Although good progress in the provision of new houses by the Council had been maintained, there was general disappointment at the lack of progress being made in the development of the New Town by the Peterlee Development Corporation, particularly in view of the priority given to the proposal, as compared with other New Towns in different parts of the country and the optimistic promises of progress given in the early part of the year. Whilst it can be appreciated that a project of such magnitude and importance should inevitably be subject to major snags and difficulties, it was unfortunate that the major effect of the delays thereby caused should be reflected in the Council's own housing programme. This effect became increasingly evident during 1948 until, in the autumn, it was necessary to reduce, by more than half, the number of building trade employees engaged on Direct Labour house-building.

2. SEWERAGE.

The usual maintenance of the existing systems of sewerage was carried out during the year. Extensions to the systems were mainly in connection with housing development, although the following additional works were carried out.

- (a) Renewal of 120 lin. yds. of 15'' diameter main sewer on the Haswell-to-the-Sea outfall, under colliery refuse tips at Murton.
- (b) Renewal of 70 lin. yds. of 18'' diameter main sewer on the Thornley-to-the-Sea outfall in the Coast Road, Horden.

- (c) Improvements to the system serving the 10th Street area, Blackhall, to prevent flooding during heavy rains.
- (d) Improvements to the system in the vicinity of the Picture House, Horden, to relieve recurring and long-standing complaints of offensive smells in that vicinity.
- (e) Work was commenced on the construction of a new sewerage pumping station and pumping main at Wellfield Station, Wingate, designed to obviate the overloaded and inefficient disposal works serving the Wellfield Road area.
- (f) Work was also commenced on the construction of a brick and concrete culvert to the Wingate Beck. This culvert, which is to be 650 lin. yds. in length when complete, is designed to eliminate a source of complaint and potential danger to health which have existed for a considerable number of years.

3. WATER SUPPLY.

Maintenance of service reservoirs and distributing mains of the Council's water supply system was carried out during the year. Additions to the supply mains were necessary to provide for projected housing sites at Thornley, Deaf Hill and Horden.

Schemes for the provision of a piped water supply to rural areas, under the Rural Water Supplies and Sewerage Act 1944, were completed at Sheraton and Durham Lane, Easington. At Sheraton 2767 lin. yds. of 4" diameter main were laid, and 9 separate premises have so far been connected to the supply. The Durham Lane scheme involved the laying of 1592 lin. yds. of 3" diameter main and gives a supply to 6 farms.

The latter part of the year saw a commencement on the construction of the 26" diameter trunk main, which will eventually deliver supplies of soft Burnhope Reservoir water into the Mill Hill Reservoir. This scheme, which is being undertaken by the Sunderland and South Shields Water Company, and anticipated to be completed by September, 1950, will allow an immediate supply of soft water to South Hetton, and "mixed" water of approximately 12° hardness to parts of Easington Village. Negotiations with the authorities concerned to secure an extension of the benefits of soft water to other parts of the Council's District have been initiated.

HOUSING.

A total of 404 Council houses were inspected during the year either on the occasion of the houses becoming vacant or prior to exchange. The general condition of the property was invariably reported and both the Surveyor and Accountant informed of details of disrepair. A valuable opportunity is given under this system of inspection prior to exchanges being confirmed to recommend refusal where a house is observed to be wilfully neglected.

165 applications for Council houses were received in the department and investigated. Reports on the living conditions and circumstances of the applicants were prepared and forwarded to local members for their information and consideration.

INSPECTIONS UNDER THE HOUSING ACT, 1936.

Number of visits and re-visits	..	1,701
Number of informal notices served	..	209
Number of statutory notices served	..	41
Number of notices complied with	..	155

FACTORY ACT, 1937.

233 inspections of premises subject to the provisions of the above Act were made, principally in connection with sanitary accommodation and in many cases to ensure adequate lighting, ventilation, heating, overcrowding and general cleanliness.

17 notices were served and 12 complied with.

FACTORIES ACTS, 1937 & 1948

PART I OF THE ACT.

1.—INSPECTIONS for purposes of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	1	28	52	3	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by Local Auth- ority	2	65	123	1	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	3	26	58	—	—	3
TOTAL		119	233	4	—	

2.—Cases in which DEFECTS were found.

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	To H.M. Inspector (5)	Referred By H.M. Inspector (6)		
Want of cleanliness (S.1)	4	2	2	—	—	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperature (S.3) ..	6	2	1	—	—	—	6
Inadequate ventilation (S.4) ..	7	2	1	—	—	—	7
Ineffective drainage of floors (S.6) ..	8	—	—	—	—	—	8
Sanitary Conveniences (S.7)	9	1	—	—	1	—	9
(a) insufficient	10	10	8	—	—	—	10
(b) unsuitable or defective	11	—	—	—	—	—	11
(c) Not separate for sexes	12	—	—	—	—	—	12
Other offences against the Act (not including offences relating to Outwork)							
TOTAL	60	17	12	—	1	—	60

SUPERVISION OF FOOD SUPPLIES.

Inspection of Meat and Other Foods.

MEAT.

During the year 13,687 animals were slaughtered. This figure shews an overall reduction of 365, when compared with the previous year, comprising 109 fewer calves and 325 fewer sheep, but an increase of 34 pigs and 35 cattle.

As in previous years all condemned carcase meat and offal was salvaged for industrial purposes and existing arrangements and guarantees continued under the general supervision of the Ministry of Food.

Once again seasonal heavy slaughtering overtaxed available accommodation and facilities with resultant objections and faults in slaughtering procedure and carcase and offal storage.

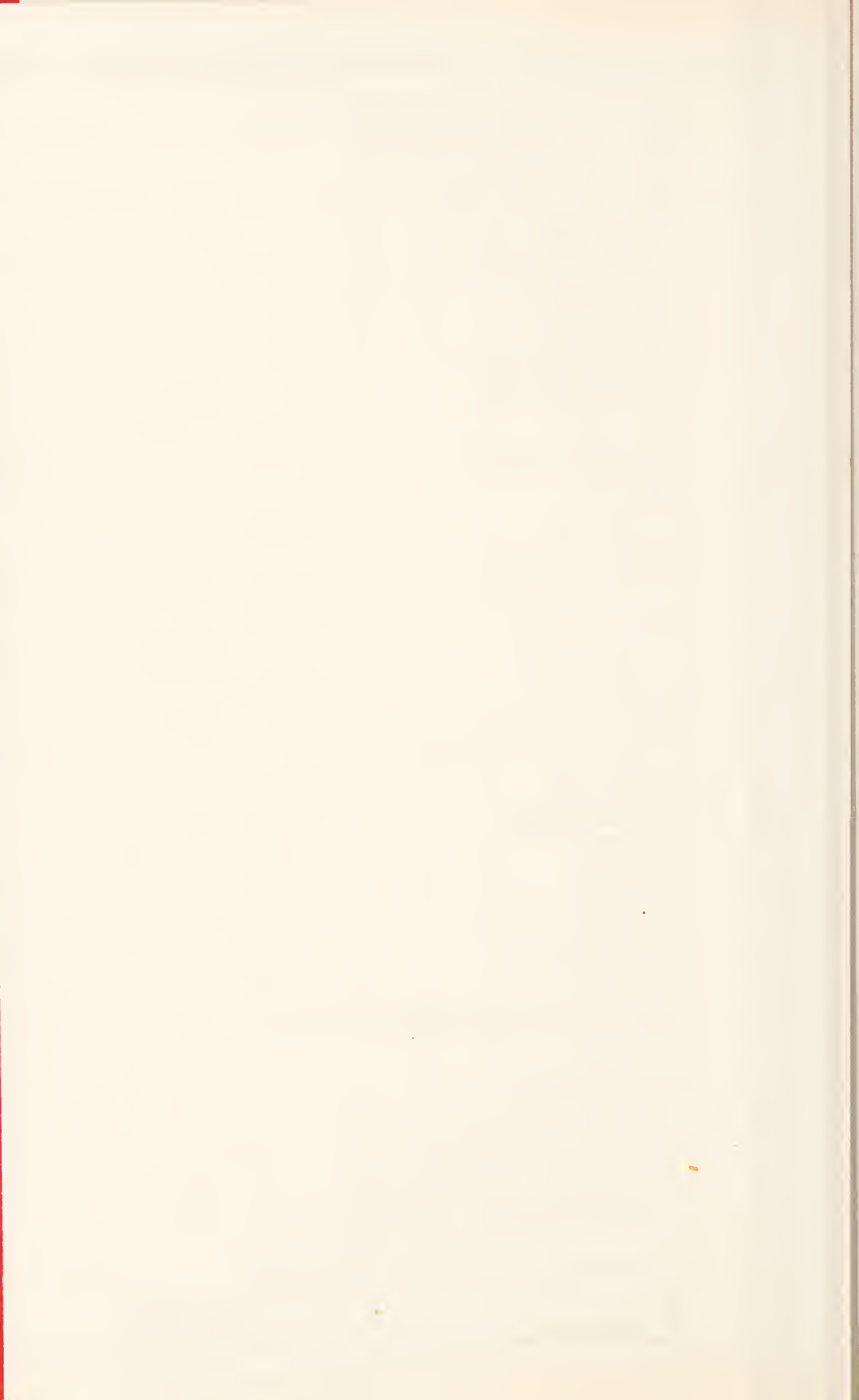
Stock slaughtered, the incidence of disease and comparative figures of meat and other foods condemned during recent years follow in tabular form for ease in reference.

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Number Slaughtered at Government Controlled Abattoir	2576 plus 43 Casualties	597 plus 95 Casualties	551 plus 109 Casualties	9517 plus 76 Casualties	80 plus 43 Casualties
Number Slaughtered under private license	—	—	—	1	1059
Whole Carcasses condemned (T.B. only)	4 plus 1 Casualty	6 plus 14 Casualties	1 Casualty	—	1 Casualty
Carcasses of which some part or organ condemned (T.B. only)	424		—	—	5
Percentage of number inspected affected with T.B.	13.56%		0.15%	—	4.87%
Carcasses condemned. (All diseases excluding T.B.)	2 Casualties	9 Casualties	3 Casualties	8 Casualties	
Carcasses of which some part or organ condemned. (All diseases excluding T.B.)	237		3	10	4
Percentage of number inspected affected with disease other than T.B.	7.49%		0.9%	0.187%	3.25%

Carcases, Organs and Edible Offal condemned as being unfit for Human Consumption during year 1948.

	Carcases, etc.				Lungs (Sets)			Hearts		Kid- neys	Livers			Heads & Tongues		Sets Stomachs and Intestines	Fat	Udd'r's
	Beef	Veal	Mutton	Pork	Ox	Sheep	Pig	Ox	Pig	Ox	Ox	Sheep	Pig	Ox	Pig	Ox	Ox	Cow
Aspirations					28													
Actinomycosis														27				
Abscesses			1 st.								117	4						
Bacillary Necrosis											6							
Bruising & Injury	11sts. c + 14sts.		5 sts.	1½ sts.														
Capillary Angioma											40							
Cirrhosis											557	197						
Congestion					37	7												
Cystic Conditions					484	5				6		13						
Contamination	14 sts.																	
Decomposition	1c + 55 sts c 38 sts.		7c + 25sts. c															
Degeneration	4 sts.										7	1						
Emaciation &/or Oedema	2c	1c	1 st.															
Immaturity		1c																
Johnes Disease	1c															5	2	
Lipoma																		
Mastitis																		44
Melanososis																		
Nephritis										17								
Pericarditis (Including Septic & Traumatic)	1c							1										
Pleurisy					17													
Pneumonia					4		1											
Pyæmia	3c	1c																
Peritonitis								2								6		
Septic Conditions	3c																	
Traumatism			1c + 1 st.															
Tuberculosis	10 + 33 sts. 15c + 24 sts.	1c		1c	405		3	6		29	61			171	5	24	24	9

"C" indicates Casualty Animal.



Provisions, Fish, etc., Condemned as being Unfit for Human Consumption during year, 1948.

(Cause of Unfitness)	(A) Provisions, Loose	(B) Tinned Foods	(C) Fish, etc.
Decomposition Rancidity & Mould Stains Extensive Mould Contamination by Mice (A) & Mice Infestation Fermentation & Mould Contamination by Mice Mould Stains Contamination by Mice & Paint Spoilage due damp	sts. lbs. Bacon & Ham 10 13 Black Pudding 2 2 Butter 1 3 Cheese 8 2 Cereals, etc. 16 0 1 Dried Fruits 16 8 Dried Egg 11 3 Margarine 1 1 2 Sugar 2 5 Tea 5	sts. lbs. 93 Tins Corned Beef 35 0 1 513 Tins Fish Products 22 0 1 166 Tins Fruit 21 11 4 27 Tins Fruit Juices 2 11 1 177 Tins Meat Products 16 4 1 541 Tins Milk 35 5 3 27 Tins Preserves 2 11 4 38 Tins Soup 2 4 3 6 Tins Sundries 4 1 326 Tins Vegetable Products 29 3 4 51 Jars Preserves 3 9	sts. lbs. Cod Fish Fillets 10 0 Coal Fish Fillets 4 0 Fish Fillets (Cooked) 1 0 Confectionery 12 1/2
(B) Decomposition due to blown & damaged tins Breakages			
(C) Decomposition Spoilage due damp			

Total weight of Meat and Edible Offal condemned	4593 sts. 11lbs.
Total weight of Tinned Foods, etc., con- demned	237 sts. 9 $\frac{3}{4}$ lbs.
Total Weight	4831 sts. 6 $\frac{3}{4}$ lbs.
<hr/> <hr/>	
=30 Tons 3 Cwts. 5 $\frac{1}{4}$ St. 6 $\frac{3}{4}$ lbs.	

Year ending 31st December	Weight of Meat & Other Food Condemned			
	tons	cwt.	sts.	lbs.
1936	1	3	2	12
1937	4	13	1	1
1938	2	1	6	3
1939	3	6	5	13
1940	21	1	3	0
1941	17	12	5	2
1942	11	3	4	7
1943	18	12	4	6 $\frac{3}{4}$
1944	21	4	4	1 $\frac{1}{4}$
1945	25	11	1	10 $\frac{1}{5}$
1946	23	1	0	5 $\frac{3}{4}$
1947	29	13	0	5 $\frac{1}{4}$
1948	30	3	7	6 $\frac{3}{4}$

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

Vehicles used for the transport of meat from the abattoir were frequently examined prior to loading and generally maintained in a satisfactory condition. On those occasions when neglect to wash down the wagons was apparent, an informal request sufficed to ensure attention and the necessary improvement.

DISEASES OF ANIMALS ACTS.

No cases of notifiable disease, swine fever, anthrax, etc., were confirmed during the year.

SLAUGHTER OF ANIMALS ACT, 1933.

All stunning and slaughtering of animals at the abattoir was undertaken by properly licensed and competent slaughtermen and as far as practicable in view of the limited facilities available all precautions were taken to prevent any unnecessary suffering by the animals, all of which are mechanically stunned prior to slaughter.

TUBERCULOSIS ORDER, 1938.

Five cows were taken to the abattoir during the year under the above Order. All were found on post-mortem inspection to be affected, but in three cases the disease was "not advanced" and the carcasses passed for human consumption after condemnation of affected parts and organs. In the two remaining cases the disease was generalised and both carcasses, together with all associated organs and offal, were condemned.

OTHER FOODS.

It is still a requirement of the Ministry of Food that all alleged unfit foodstuffs in short supply and over which control is retained, must be certified as unfit before replacements of stock will be authorised. Considerable work is necessary on occasions in examining all items which are subject of claim. No quantities capable of further processing and justifying transport were referred during the year to the Ministry, but local arrangements were made with several small amounts for animal feeding. Certain rationed commodities are invariably returned through usual trade channels.

FOOD AND DRUGS ACT, 1938.

Supervision of all premises where food is prepared or stored for purposes of sale was continued and regular inspection made throughout the year with a view to securing and maintaining statutory requirements in respect of premises and with particular emphasis on hygienic conditions inside the premises, in the conduct of the trade involved and personal cleanliness of those engaged.

Much valuable work can be and is done by the inspectors during these visits, but I am aware that in too many instances there is a failure to appreciate fully the value of suggestions made and the serious consequences in terms of sickness and mortality, which may and often do follow such disregard. Reasons vary from apathy and ignorance of bacterial food borne infections to wilful disregard in the purely commercially minded minority. As evidenced by the growing number of food poisoning outbreaks reported nationally, the risk of infection has grown and is generally linked to the increase during recent years of communal feeding. The problem is admittedly a complex one but attention tends to centre primarily on catering businesses due to their considerable increase in numbers and, in view of the general food shortage, the nature of much of the food used.

Unfortunately local authorities have little real control over the establishment of catering businesses. In this district co-operation between the Food Executive Officer and this department ensures that consideration of all applications for Ministry of Food Licences are undertaken in conjunction with reports by the department on the nature of the proposal. Such an arrangement, however, is not entirely satisfactory, when it is remembered that no statutory requirement exists that a local authority shall be notified. Section 13 of the Act, although extremely valuable, does not, in the opinion of many, go far enough whilst the important safeguard of registration conferred in Section 14 for control of the manufacture and sale of ice-cream and certain preserved foods does not extend to businesses of this type.

A policy of education for all food handlers and preparation and adoption of standard codes of practice offer very useful possibilities, but, in my opinion food premises, especially those concerned in the preparation and manipulation of food, should be registered with the right to refuse or cancel registration when the condition of premises or conduct of those engaged prove to be unsatisfactory.

Education must of necessity, in many cases, be a long term measure : only well defined additional powers can ensure speedy and effective control.

MANUFACTURE & SALE OF ICE CREAM.

Twenty-four applications for registration of premises for "the sale of ice-cream" under Section 14 of the Food and Drugs Act, 1938, were received during the year and approved. Three applications were refused in view of the failure of the premises to measure up to the standard required under the provisions of Section 13.

Difficulty in obtaining equipment due to continued shortage of materials was recognised by the introduction during the year of Amendment Regulations which extended until the 1st May, 1949, the defence of inability to procure the necessary apparatus against any contraventions of the Ice-Cream (Heat Treatment) Regulations 1947, with respect to cooling processes. Nevertheless considerable expenditure on plant was incurred by several manufacturers and ready co-operation was usually forthcoming in any measures designed to improve production and facilitate compliance with the relevant provisions of the Act and the above Regulations.

One small manufacturer found that the cost of equipment necessary to comply with the (Heat Treatment) Regulations would, in his case, be excessive and he wisely decided to revert to cold mix manufacture under which system his allocation of sugar and fats, etc., were diverted to a selected model factory and equivalent sterile ice-cream powder returned for reconstitution by addition of water only.

A regrettable aspect of the installation of more elaborate equipment has been, in some instances, inferior bacteriological results. This is not unduly surprising in the light of what has already been said, and is attributable to failure to adopt routine precautions against risk of contamination. It has been necessary to stress repeatedly that preliminary detergent cleansing followed by sterilisation of all equipment, personal cleanliness of all workers and their clothing should be a matter of habit.

Sixty-nine samples of ice-cream were collected during the year and taken for methylene blue testing to the Public Health Laboratory, Newcastle. Forty-five satisfactory results were obtained and twenty-four samples failed to attain the recommended grading. It is interesting in this connection to find that of the 69 samples taken 57 were samples of products manufactured within the district and of this total 40 were satisfactory. The remaining samples, 12 were of products manufactured outside the district and of this number only 5 were satisfactory. Indicated briefly :—

Samples of ice-cream manufactured inside District attaining satisfactory grading was 70%.

Samples of ice-cream manufactured outside District attaining satisfactory grading was 41%.

Appropriate representations were made to the health department of the local authority in whose area one supplier was situated whose product as retailed in this district gave consistently inferior results. Some improvement was observed subsequently.

Premises	Number Registered	Number of Inspections	Notices Served	Occupiers Prosecuted
Fish Shops	54	124	13	—
Butchers' Shops	50	111	2	—
Ice Cream Shops	50	388	3	—
Restaurant Kitchens and Canteens	—	80	5	—
Other Food Premises	—	172	18	—
TOTALS —	154	875	41	—

MILK SUPPLY.

320 samples of raw and pasteurised milk were taken for examination during 1948, and the following results obtained :—

	No. of Samples taken	(a) Methylene Blue Test			(b) Bacillus Coli Test			Total Count and Phosphatase Test (Pasteurised)			Biological Test for Tuberculosis		
		Satisfactory	Unsatisfactory	% Unsatisfactory	Satisfactory	Unsatisfactory	% Unsatisfactory	Satisfactory	Unsatisfactory	% Unsatisfactory	Negative	Positive	% Positive
Raw Milk	173	144	29	16.76	143	30	17.34	—	—	—	87	9	9.09
Pasteurised Milk (Wellfield Plant)	46	45	1	2.17	45	1	2.17	45	1	2.17	2	—	—

MILK (SPECIAL DESIGNATIONS) ORDER, 1936-44.

The number of persons licensed to produce, bottle or sell designated milk is as follows :—

	Grade of Milk			Total
	Tuberculin Tested	Accredited	Pasteurised	
Wholesale Producers	9	10	1	20
Retail Producers	4	8	—	12
Bottler Retailers	1	—	1	2
Retailers	—	—	18	18
TOTAL —	14	18	20	52

A record number of 320 samples of milk was taken during the year. This total was made up of 173 samples of raw milk and 46 samples of pasteurised milk submitted to methylene blue and coliform tests carried out in accordance with the technique prescribed in the above order of 1936 and designed to indicate the keeping quality and cleanliness of supplies. The phosphatase test, to establish the efficiency of heat treatment, was also carried out on all samples of pasteurised milk. An additional 101 samples were taken for biological examination. Most of the laboratory work was undertaken by the Public Health Laboratory Service at premises in Newburn and Newcastle and the results which may be regarded generally as very satisfactory, are shewn in tabular form under appropriate headings for quick and easy reference.

It was again necessary, at the request of the bacteriologist, to make temporary alternative arrangements during the year for biological examination of milk samples owing to pressure of other work. The Director of the laboratory pointed out in this connection that no other authority was submitting milk samples for such examination at the rate customarily undertaken in this district. I firmly believe, however, that the first essential in any milk supply must be that it shall be safe rather than clean, or of satisfactory keeping quality and only biological examination can finally establish the presence, or absence, as the case may be, of the tubercle bacillus. Alternative arrangements were therefore duly concluded with the pathological department of the Royal Infirmary, Sunderland and the work continued with the minimum of interruption. Its value, in my opinion, can be readily assessed

by due consideration of the incidence of positive results. In each positive case the County Medical Officer was informed immediately in order to allow veterinary inspectors of the Animal Health Division of the Ministry of Agriculture to conduct further examination of the dairy herds involved.

Regular visits were made to the East Durham Co-operative Dairies pasteurising plant and the efficiency of the process as carried out with the new H.T.S.T. (High Temperature—Short Time) plant is shown in remarkable fashion by the results of phosphatase tests of samples taken at weekly intervals during the year. Proposals for substantial extensions to the premises and additional plant were forwarded during the year to the stage when actual building operations commenced.

Six applications from producers for registration under the Milk and Dairies Order, 1926 were received and approved during the year. Milk production was found to have ceased on four holdings and adjustments made accordingly in the register. 394 inspections of dairy cow-sheds, associated dairy facilities and purveyors premises were made and 36 informal notices served for infringements of the Order, generally occasioned, as is usual, by a failure to appreciate the importance of elementary principles of hygiene and adopting and applying them at all stages of production as routine measures.

	Number Registered	Inspections	Notices Served	Prosecutions
Producers ..	125	325	36	—
Purveyors ..	18	69	—	—

In conclusion, I should again like to offer my sincere thanks for your continued help and guidance during the year under review and to pay tribute to the unremitting efforts of all members of the Health Department.

I am, Sir,

Your obedient servant,

R. R. SHORT,

Senior Sanitary Inspector.



